

PARTNERS IN HEALTH
STATE TRIBAL RELATIONS EVENTS 2018

South Dakota Health Care Solutions Coalition

HOSTED BY THE SOUTH DAKOTA DEPARTMENTS OF TRIBAL RELATIONS, HEALTH, AND SOCIAL SERVICES



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Medicaid Today

- Medicaid covers approximately 119,000 South Dakotans
 - 35% are American Indians who are also eligible for services from IHS
- People can be eligible for IHS AND also Medicaid eligible
 - When an American Indian is Medicaid eligible and gets services “through” an IHS Facility, IHS bills Medicaid, and the federal government pays 100% (100% FMAP)
 - When an American Indian is Medicaid eligible and gets services outside IHS, the non-IHS provider bills Medicaid and the federal government pays about 55%, and the state pays the balance



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Medicaid Today

- When services are not “received through” IHS, the state has to pay for services that are supposed to be provided by the federal government
 - Significant amount of state general funds spent in Medicaid budget
 - \$96 million in state funds in FY17



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SD Healthcare Solutions Coalition

- Formed in late 2015 to develop strategies to improve health outcomes and 100% federal funded health care access for individuals eligible for Medicaid and IHS, in anticipation of federal Medicaid funding policy change
- Group includes legislators, tribes, IHS, providers, governor's office and state agency staff
- Chaired by Jerilyn Church, Great Plains Tribal Chairman's Health Board and Kim Malsam-Rysdon, Senior Advisor to the Governor/Secretary of Health
- 9 participants representing the following tribes:
 - Cheyenne River Sioux Tribe
 - Flandreau Santee Sioux Tribe
 - Oglala Sioux Tribe
 - Rosebud Sioux Tribe
 - Sisseton Wahpeton Oyate



SD Healthcare Solutions Coalition

- Timeline of Key Events:

January, 2016

- Coalition determined federal policy change, if enacted, would free up enough existing state funds to pay for Medicaid expansion
- Coalition recommends additional substance abuse, mental health, prenatal care, and telehealth services

February, 2016

- Federal government changed Medicaid funding policy on February 26 to allow more services to be funded at 100% FMAP- expanded the “received through” interpretation
 - Requires individual to be confirmed “patient” of IHS; IHS and non-IHS providers must have care coordination agreements and share medical records
 - Providers, including IHS, need to make changes and need incentive to implement the policy
 - Too late in state legislative session to proceed with Medicaid expansion



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SD Healthcare Solutions Coalition

- Timeline of Key Events:

November, 2016

- Change in federal administration, expectation of Obamacare repeal and federal Medicaid reform
- Decision to not move forward with Medicaid expansion based on lack of federal and state legislative support

January, 2017

- Coalition changed focus to implement federal policy change without incentive of Medicaid expansion



SD Healthcare Solutions Coalition

- Timeline of Key Events:

May, 2017- October, 2017

- Coalition recommends implementation of federal 100% FMAP policy for services that start at IHS and are referred to another provider- “referred care”
- Revisited prior recommendations of the Coalition to evaluate progress on access to services and where funding is needed to implement recommendations
 - Targeting \$6.7 million state funds spent on referred care for 6 largest providers
 - FY19- \$4.6 million
 - FY20- \$6.7 million

November, 2017

- Care coordination agreements signed between 3 large hospital systems and IHS; working on three additional provider agreements



SD Healthcare Solutions Coalition

- With savings in existing budget:
 1. Fund recommendations to increase **access to key services in Medicaid**
 - a. Fund substance abuse services for an estimated 1,900 adults on Medicaid
 - b. Add mental health providers to Medicaid increasing access to 465 people
 - c. Develop community health worker services with capacity to serve 1,500
 - d. Fund innovative prenatal and primary care
 2. After services are funded, **share % of additional savings with participating providers**
 - a. Tiered sharing based on amount saved:

i. Up to \$500k	5% shared savings
ii. \$500k-\$1m	10% shared savings
iii. Over \$1m	15% shared savings
 3. After sharing savings with participating providers, **use remaining savings to increase Medicaid provider rates**
 - a. Priority for community based providers with rates less than 90% of costs
 - i. Includes assisted living, home care, nursing, group care services for youth



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Strategy	FY19- Partial implementation	FY20- Full implementation
Add Substance Abuse Services	\$872k	\$872k
Add Mental Health Providers	\$265k	\$540k
Add Community Health Workers	\$100k	\$400k
Innovation Grants-Prenatal and Primary Care		\$1m
Shared Savings with Providers	\$630k	\$800k
Provider Rates	\$2.7m	\$3.1m
Total	\$4.6m	\$6.7m



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- Next Steps:
 - Seek legislative support to add behavioral health services to Medicaid and invest in Medicaid rates for providers
 - Determine additional ways to implement 100% FMAP policy in future and reinvest in Medicaid
 - Care coordination agreements with additional providers
 - Use policy for additional services



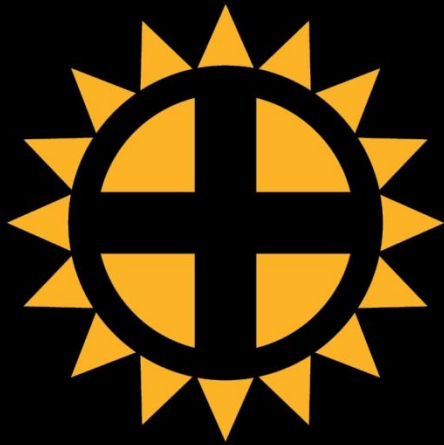
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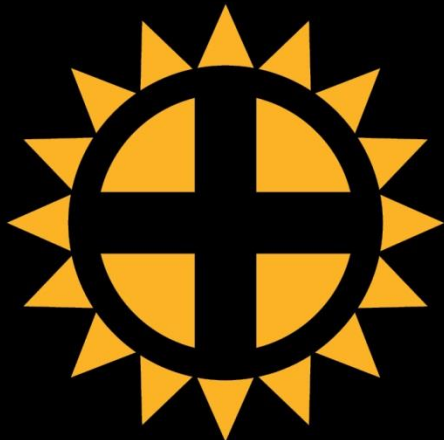
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